

Fill in this information to identify the case:

United States Bankruptcy Court for the:

**Eastern District of Pennsylvania**

Case number (if known): \_\_\_\_\_ Chapter 7

☐ Check if this is an amended filing

## Official Form 201

# Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/25

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name

**Campus Opticians, Inc.**

2. All other names debtor used in the last 8 years

Include any assumed names, trade names, and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN)

2 3 - 2 7 9 5 0 8 3

4. Debtor's address

Principal place of business

**2108 Harrisburg Pike**

Number Street

**Lancaster, PA 17601**

City State ZIP Code

**Lancaster**

County

Mailing address, if different from principal place of business

**Robert Manchino**

**204 N. 7th Street**

Number Street

**Wrightsville, PA 17368**

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: \_\_\_\_\_

Debtor <b>Campus Opticians, Inc.</b> Name	Case number (if known) _____
<b>7. Describe debtor's business</b>	<p>A. Check one:</p> <p><input type="checkbox"/> Health Care Business (as defined in 11 U.S.C. § 101(27A))</p> <p><input type="checkbox"/> Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))</p> <p><input type="checkbox"/> Railroad (as defined in 11 U.S.C. § 101(44))</p> <p><input type="checkbox"/> Stockbroker (as defined in 11 U.S.C. § 101(53A))</p> <p><input type="checkbox"/> Commodity Broker (as defined in 11 U.S.C. § 101(6))</p> <p><input type="checkbox"/> Clearing Bank (as defined in 11 U.S.C. § 781(3))</p> <p><input checked="" type="checkbox"/> None of the above</p> <hr/> <p>B. Check all that apply:</p> <p><input type="checkbox"/> Tax-exempt entity (as described in 26 U.S.C. § 501)</p> <p><input type="checkbox"/> Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)</p> <p><input type="checkbox"/> Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))</p> <hr/> <p>C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <a href="http://www.uscourts.gov/four-digit-national-association-naics-codes">http://www.uscourts.gov/four-digit-national-association-naics-codes</a>.</p> <p>_____</p>
<b>8. Under which chapter of the Bankruptcy Code is the debtor filing?</b>	<p>Check one:</p> <p><input checked="" type="checkbox"/> Chapter 7</p> <p><input type="checkbox"/> Chapter 9</p> <p><input type="checkbox"/> Chapter 11. Check all that apply:</p> <p><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,424,000 (amount subject to adjustment on 4/01/28 and every 3 years after that).</p> <p><input type="checkbox"/> The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).</p> <p><input type="checkbox"/> The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.</p> <p><input type="checkbox"/> A plan is being filed with this petition.</p> <p><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).</p> <p><input type="checkbox"/> The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the <i>Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11</i> (Official Form 201A) with this form.</p> <p><input type="checkbox"/> The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.</p> <p><input type="checkbox"/> Chapter 12</p>
<b>9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?</b>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. District _____ When _____ Case number _____ MM / DD / YYYY</p> <p>District _____ When _____ Case number _____ MM / DD / YYYY</p>
<b>10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?</b>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Debtor _____ Relationship _____</p> <p>District _____ When _____ MM / DD / YYYY</p> <p>Case number, if known _____</p>

Debtor Campus Opticians, Inc. Case number (if known) \_\_\_\_\_  
Name

**11. Why is the case filed in *this* district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other \_\_\_\_\_

**Where is the property?**

Number Street

City State ZIP Code

**Is the property insured?**

☐ No

☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds?**

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

- ☒ 1-49 ☐ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000
- ☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

**15. Estimated assets**

- ☒ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor Campus Opticians, Inc.  
Name

Case number (if known) \_\_\_\_\_

**16. Estimated liabilities**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/02/2025  
MM/ DD/ YYYY

**X** /s/ Robert Manchino  
Signature of authorized representative of debtor

Robert Manchino  
Printed name

Title President

**18. Signature of attorney**

**X** /s/ Barry Solodky  
Signature of attorney for debtor

Date 06/02/2025  
MM/ DD/ YYYY

Barry Solodky  
Printed name

Saxton & Stump, LLC  
Firm name

280 Granite Run Drive, Suite 300  
Number Street

Lancaster PA 17601  
City State ZIP Code

(717) 556-1000 BSO@saxtonstump.com  
Contact phone Email address

19259 PA  
Bar number State

Fill in this information to identify the case:

Debtor Name Campus Opticians, Inc.United States Bankruptcy Court for the: Eastern District of Pennsylvania  
(State)

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206A/B

## Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1:** Cash and cash equivalents

## 1. Does the debtor have any cash or cash equivalents?

- ☒ No. Go to Part 2.  
☐ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

## 2. Cash on hand

\_\_\_\_\_

## 3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1. \_\_\_\_\_

3.2. \_\_\_\_\_

## 4. Other cash equivalents (Identify all)

4.1 \_\_\_\_\_

4.2 \_\_\_\_\_

## 5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\_\_\_\_\_

**Part 2:** Deposits and prepayments

## 6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.  
☐ Yes. Fill in the information below.

Current value of debtor's interest

## 7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1 \_\_\_\_\_

\_\_\_\_\_

Debtor Campus Opticians, Inc. Case number (if known) \_\_\_\_\_  
Name

7.2 \_\_\_\_\_

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1 \_\_\_\_\_

8.2 \_\_\_\_\_

**9. Total of Part 2**

Add lines 7 through 8. Copy the total to line 81.

--

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.  
☐ Yes. Fill in the information below.

Current value of  
debtor's interest

**11. Accounts receivable**

11a. 90 days old or less: \_\_\_\_\_ - \_\_\_\_\_ = ..... →  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: \_\_\_\_\_ - \_\_\_\_\_ = ..... →  
face amount doubtful or uncollectible accounts

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

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**Part 4: Investments**

**13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes. Fill in the information below.

Valuation method used  
for current value

Current value of  
debtor's interest

**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1 \_\_\_\_\_

14.2 \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of  
ownership:

15.1. \_\_\_\_\_

15.2. \_\_\_\_\_

Debtor Campus Opticians, Inc. Case number (if known) \_\_\_\_\_  
 Name

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1 \_\_\_\_\_

16.2 \_\_\_\_\_

17. **Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

_____
-------

**Part 5:** Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

☐ No. Go to Part 6.

☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. <b>Raw materials</b>				
_____	MM / DD / YYYY	_____	_____	_____
20. <b>Work in progress</b>				
_____	MM / DD / YYYY	_____	_____	_____
21. <b>Finished goods, including goods held for resale</b>				
_____	MM / DD / YYYY	_____	_____	_____
22. <b>Other inventory or supplies</b>				
<b>Eyeglass frames</b>	_____	<b>unknown</b>	_____	<b>\$40,000.00</b>
	MM / DD / YYYY			

23. **Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

<b>\$40,000.00</b>
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24. **Is any of the property listed in Part 5 perishable?**

☒ No

☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

☒ No

☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 6:** Farming and fishing-related assets (other than titled motor vehicles and land)

Debtor Campus Opticians, Inc. Case number (if known) \_\_\_\_\_  
Name

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6 Add lines 28 through 32. Copy the total to line 85.			

34. Is the debtor a member of an agricultural cooperative?

- ☒ No  
☐ Yes. Is any of the debtor's property stored at the cooperative?  
☐ No  
☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☒ No  
☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes. Fill in the information below.



Debtor Campus Opticians, Inc. Case number (if known) \_\_\_\_\_  
 Name

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b>			
<u>Office Furniture</u>	<u>unknown</u>		<u>\$500.00</u>
40. <b>Office fixtures</b>			
<u></u>			
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b>			
<u></u>			
42. <b>Collectibles</b> <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 <u></u>			
42.2 <u></u>			
42.3 <u></u>			
43. <b>Total of Part 7</b> Add lines 39 through 42. Copy the total to line 86.			<u>\$500.00</u>
44. <b>Is a depreciation schedule available for any of the property listed in Part 7?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
45. <b>Has any of the property listed in Part 7 been appraised by a professional within the last year?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
<b>Part 8: Machinery, equipment, and vehicles</b>			
46. <b>Does the debtor own or lease any machinery, equipment, or vehicles?</b>			
<input checked="" type="checkbox"/> No. Go to Part 9.			
<input type="checkbox"/> Yes. Fill in the information below.			
General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)			
47. <b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1 <u></u>			
47.2 <u></u>			
47.3 <u></u>			
47.4 <u></u>			

Debtor Campus Opticians, Inc. Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

48. **Watercraft, trailers, motors, and related accessories** Examples:  
 Boats, trailers, motors, floating homes, personal watercraft, and fishing  
 vessels

48.1 \_\_\_\_\_

48.2 \_\_\_\_\_

49. **Aircraft and accessories**

49.1 \_\_\_\_\_

49.2 \_\_\_\_\_

50. **Other machinery, fixtures, and equipment (excluding farm  
 machinery and equipment)**

\_\_\_\_\_

51. **Total of Part 8**

Add lines 47 through 50. Copy the total to line 87.

_____
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52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 9:** Real property

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.

☒ Yes. Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

**Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.

**Nature and extent  
 of debtor's interest  
 in property**

**Net book value of  
 debtor's interest**

(Where available)

**Valuation method used  
 for current value**

**Current value of  
 debtor's interest**

55.1 **Medical office building / 2108**

Harrisburg Pike Suite 1010 Lancaster, PA  
 17601

Lease

unknown

unknown

56. **Total of Part 9**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

_____
-------

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No

☐ Yes

Debtor Campus Opticians, Inc. Case number (if known) \_\_\_\_\_  
Name

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 10:** Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
65. Goodwill			
66. Total of Part 10 Add lines 60 through 65. Copy the total to line 89.			

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 11:** All other assets

Debtor Campus Opticians, Inc. Case number (if known) \_\_\_\_\_  
Name

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes. Fill in the information below.

Current value of  
debtor's interest

71. Notes receivable

Description (include name of obligor)

_____	_____	-	_____	=	→	_____
	Total face amount		doubtful or uncollectible amount			

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	_____
_____	Tax year _____	_____
_____	Tax year _____	_____

73. Interests in insurance policies or annuities

\_\_\_\_\_

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\_\_\_\_\_

\_\_\_\_\_

78. Total of Part 11

Add lines 71 through 77. Copy the total to line 90.

\_\_\_\_\_

Debtor Campus Opticians, Inc. Case number (if known) \_\_\_\_\_  
 Name

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	_____	
81. Deposits and prepayments. Copy line 9, Part 2.	_____	
82. Accounts receivable. Copy line 12, Part 3.	_____	
83. Investments. Copy line 17, Part 4.	_____	
84. Inventory. Copy line 23, Part 5.	<u>\$40,000.00</u>	
85. Farming and fishing-related assets. Copy line 33, Part 6.	_____	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	<u>\$500.00</u>	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	_____	
88. Real property. Copy line 56, Part 9..... →		<u>unknown</u>
89. Intangibles and intellectual property. Copy line 66, Part 10.	_____	
90. All other assets. Copy line 78, Part 11.	+ _____	
91. Total. Add lines 80 through 90 for each column.....91a.	<u>\$40,500.00</u>	+ 91b. _____
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. ....		<u>\$40,500.00</u>

Fill in this information to identify the case:

Debtor name Campus Opticians, Inc.

United States Bankruptcy Court for the: Eastern District of Pennsylvania  
(State)

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☐ Yes. Fill in all of the information below.

**Part 1:** List Creditors Who Have Secured Claims

**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

**Column A**  
**Amount of claim**  
Do not deduct the value of collateral.

**Column B**  
**Value of collateral that supports this claim**

**2.1 Creditor's name**

**Describe debtor's property that is subject to a lien**

**Creditor's mailing address**

**Describe the lien**

**Creditor's email address, if known**

**Is the creditor an insider or related party?**

- ☐ No  
☐ Yes

**Date debt was incurred**

**Is anyone else liable on this claim?**

- ☐ No  
☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

- ☐ No  
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

Fill in this information to identify the case:

Debtor name Campus Opticians, Inc.

United States Bankruptcy Court for the:

Eastern District of Pennsylvania

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

#### Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1

Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account

number \_\_\_\_\_

Is the claim subject to offset?

☐ No

☐ Yes

Specify Code subsection of PRIORITY unsecured

claim: 11 U.S.C. § 507(a) \_\_\_\_\_

Total claim

Priority amount

2.2

Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account

number \_\_\_\_\_

Is the claim subject to offset?

☐ No

☐ Yes

Specify Code subsection of PRIORITY unsecured

claim: 11 U.S.C. § 507(a) \_\_\_\_\_

Debtor Campus Opticians, Inc. Case number (if known) \_\_\_\_\_  
Name

**Part 2:** List All Creditors with NONPRIORITY Unsecured Claims

**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Comcast Business</u> <u>P.O. Box 70219</u> <u>Philadelphia, PA 19176-0219</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____ Remarks: Last paid 2/1/2025	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$540.00</u>
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Dr. William Spitler, III</u> <u>1330 Hammock Way</u> <u>Lancaster, PA 17601</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____ Remarks: Last paid 12/1/2024	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$60,000.00</u>
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Gusto</u> <u>525 20th Street</u> <u>San Francisco, CA 94107</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____ Remarks: Last paid 1/6/2025	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>HRIS Software</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$150.00</u>
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> <u>HEA Advantage</u> <u>P.O. Box 631638</u> <u>Cincinnati, OH 45263-1638</u>  Date or dates debt was incurred <u>2/20/2025</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Eyeglass frames</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,429.32</u>



Debtor Campus Opticians, Inc.  
Name

Case number (if known) \_\_\_\_\_

Part 2: Additional Page

**3.5** Nonpriority creditor's name and mailing address

Lancaster General Hospital

549 N. Lime Street

Lancaster, PA 17602

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Remarks: Last paid 2/1/2025

As of the petition filing date, the claim is:

unknown

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Medical Office**

Basis for the claim: Building Rental

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.7** Nonpriority creditor's name and mailing address

Truist Bank

P.O. Box 580340

Charlotte, NC 28258-0340

Date or dates debt was incurred 11/1/2024

Last 4 digits of account number 3 9 2 0

Remarks: Last paid 1/13/2025

As of the petition filing date, the claim is:

\$39,500.00

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Business Loan

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor **Campus Opticians, Inc.** Case number (if known)

Name

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$0.00
5b. Total claims from Part 2	5b. +	\$105,619.32
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$105,619.32

Fill in this information to identify the case:

Debtor name Campus Opticians, Inc.

United States Bankruptcy Court for the: Eastern District of Pennsylvania  
(State)

Case number (If known): \_\_\_\_\_ Chapter 7

☐ Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Medical office building</u>	<u>Lancaster General Hospital</u>
			<u>549 N. Lime Street</u>
	State the term remaining	<u>0 months</u>	
	List the contract number of any government contract		<u>Lancaster, PA 17602</u>
2.2	State what the contract or lease is for and the nature of the debtor's interest	<u>Stocks owed to William Spitler, MD pursuant to agreements dated 1/1/2022</u>	<u>William Spitler, MD</u>
			<u>1330 Hammock Way</u>
	State the term remaining	<u>0 months</u>	<u>Lancaster, PA 17601</u>
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.5	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name Campus Opticians, Inc.

United States Bankruptcy Court for the: Eastern District of Pennsylvania  
(State)

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206H

### Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 <u>Manchino, Robert</u>	<u>204 N. 7th Street</u> Street  <u>Wrightsville, PA 17368</u> City State ZIP Code	<u>Truist Bank</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	_____ Street  _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	_____ Street  _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	_____ Street  _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Campus Opticians, Inc. Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.5	<div>Street</div> <div></div> <div>City State ZIP Code</div>	<div></div>	<div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>
2.6	<div>Street</div> <div></div> <div>City State ZIP Code</div>	<div></div>	<div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>

Fill in this information to identify the case:

Debtor name Campus Opticians, Inc.

United States Bankruptcy Court for the:

Eastern District of Pennsylvania

Case number (if known): \_\_\_\_\_ Chapter 7

☐ Check if this is an amended filing

## Official Form 206Sum

### Summary of Assets and Liabilities for Non-Individuals

12/15

#### Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real Property:**

Copy line 88 from *Schedule A/B*.....

\$0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*.....

\$40,500.00

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*.....

\$40,500.00

#### Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$0.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$0.00

3b. **Total amount of claims of non-priority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

+ \$105,619.32

4. **Total liabilities**.....

Lines 2 + 3a + 3b

\$105,619.32

Fill in this information to identify the case:

Debtor name Campus Opticians, Inc.

United States Bankruptcy Court for the:

Eastern District of Pennsylvania

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 207

## Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/25

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

### Part 1: Income

#### 1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply

Gross revenue  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2025 to Filing date  
MM/ DD/ YYYY

☒ Operating a business  
☐ Other \_\_\_\_\_

\$17,326.87

For prior year:

From 01/01/2024 to 12/31/2024  
MM/ DD/ YYYY MM/ DD/ YYYY

☒ Operating a business  
☐ Other \_\_\_\_\_

\$365,236.60

For the year before that:

From 01/01/2023 to 12/31/2023  
MM/ DD/ YYYY MM/ DD/ YYYY

☐ Operating a business  
☐ Other \_\_\_\_\_

#### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Description of sources of revenue

Gross revenue from each source  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2025 to Filing date  
MM/ DD/ YYYY

For prior year:

From 01/01/2024 to 12/31/2024  
MM/ DD/ YYYY MM/ DD/ YYYY

For the year before that:

From 01/01/2023 to 12/31/2023  
MM/ DD/ YYYY MM/ DD/ YYYY

**Part 2:** List Certain Transfers Made Before Filing for Bankruptcy

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. _____ Creditor's name	_____	_____	<input type="checkbox"/> Secured debt
_____	_____		<input type="checkbox"/> Unsecured loan repayments
Street _____	_____		<input type="checkbox"/> Suppliers or vendors
_____	_____		<input type="checkbox"/> Services
_____	_____		<input type="checkbox"/> Other _____
City _____ State _____ ZIP Code _____			

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. _____ Creditor's name	_____	_____	_____
_____	_____		_____
Street _____	_____		_____
_____	_____		
City _____ State _____ ZIP Code _____			
Relationship to debtor _____			

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Description of the property	Date	Value of property
-----------------------------	-----------------------------	------	-------------------



5.1.

Newlane Finance

Creditor's name

123 S. Broad Street 17th Floor

Street

Philadelphia, PA 19109

CityStateZIP Code

Emotion V2 equipment

4/2025

\$18,000.00

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
6.1. <div><div>Creditor's name</div><div>XXXX- _ _ _ _</div><div>Street</div><div>CityStateZIP Code</div></div>			

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None

Case title	Nature of case	Court or agency's name and address	Status of case
<div>6.1.</div> <div><div>Case number</div></div>		<div><div>Name</div><div>Street</div><div>CityStateZIP Code</div></div>	<div><input type="checkbox"/> Pending</div> <div><input type="checkbox"/> On appeal</div> <div><input type="checkbox"/> Concluded</div>

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

8.1.	Custodian's name and address	Description of the property	Value
	Custodian's name		
	Street	Case title	Court name and address
			Name
	City State ZIP Code	Case number	Street
		Date of order or assignment	City State ZIP Code

**Part 4:** Certain Gifts and Charitable Contributions

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

9.1.	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
	Recipient's name			
	Street			
	City State ZIP Code			
	Recipient's relationship to debtor			

**Part 5:** Certain Losses

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

10.1.	Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost

**Part 6:** Certain Payments or Transfers

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

11.1.

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
Saxton & Stump, LLC	Attorney's Fee	5/8/2025	\$3,047.50
Address	Attorney's Fee	4/9/2025	\$1,547.50
280 Granite Run Drive, Suite 300			
Street			
Lancaster, PA 17601			
City State ZIP Code			
Email or website address			
Who made the payment, if not debtor?			
Campus Opticians, Inc.			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

12.1.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
Trustee			

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

13.1.	<b>Who received the transfer?</b>	<b>Description of property transferred or payments received or debts paid in exchange</b>	<b>Date transfer was made</b>	<b>Total amount or value</b>
<hr/>				
<b>Address</b>				
<hr/>				
Street				
<hr/>				
City State ZIP Code				
<b>Relationship to debtor</b>				
<hr/>				

**Part 7:** Previous Locations

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

	<b>Address</b>	<b>Dates of occupancy</b>
14.1.	<hr/>	From <hr/> To <hr/>
	Street	
	<hr/>	
	City State ZIP Code	

**Part 8:** Health Care Bankruptcies

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
—diagnosing or treating injury, deformity, or disease, or  
—providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

	<b>Facility name and address</b>	<b>Nature of the business operation, including type of services the debtor provides</b>	<b>If debtor provides meals and housing, number of patients in debtor's care</b>
15.1.	<hr/>	<hr/>	<hr/>
	Facility name		
	<hr/>		
	Street	<b>Location where patient records are maintained</b> (if different from facility address). If electronic, identify any service provider.	<b>How are records kept?</b>
	<hr/>	<hr/>	<hr/>
	City State ZIP Code		
			Check all that apply:
			<input type="checkbox"/> Electronically
			<input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☒ No.

☐ Yes. State the nature of the information collected and retained. \_\_\_\_\_

Does the debtor have a privacy policy about that information?

☐ No

☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☒ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

☐ No. Go to Part 10.

☐ Yes. Fill in below:

Name of plan

Employer identification number of the plan

EIN: \_ \_ - \_ \_ \_ \_ \_

Has the plan been terminated?

☐ No

☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1 <b>Truist Bank</b> Name  Street  City State ZIP Code	XXXX- _ _ _ _	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <b>Business Checking Account</b>	<b>3/2025</b>	

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

19.1	<b>Depository institution name and address</b>	<b>Names of anyone with access to it</b>	<b>Description of the contents</b>	<b>Does debtor still have it?</b>
	Name			<input type="checkbox"/> No
	Street			<input type="checkbox"/> Yes
		<b>Address</b>		
	City			
	State			
	ZIP Code			

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

20.1	<b>Facility name and address</b>	<b>Names of anyone with access to it</b>	<b>Description of the contents</b>	<b>Does debtor still have it?</b>
	Name			<input type="checkbox"/> No
	Street			<input type="checkbox"/> Yes
		<b>Address</b>		
	City			
	State			
	ZIP Code			

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			
Street			
City			
State			
ZIP Code			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Name  
Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.
- ☒ No
- ☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
	Name		<input type="checkbox"/> Pending
Case number	Street		<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded
	City State ZIP Code		

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?
- ☒ No
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

24. Has the debtor notified any governmental unit of any release of hazardous material?
- ☒ No
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

Part 13: Details About the Debtor’s Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest
- List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.
- ☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. _____		
Name _____		EIN: _____
Street _____		Dates business existed
_____		From _____ To _____
City _____ State _____ ZIP Code _____		

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. <b>Trout CPA</b>	
Name _____	
<b>1705 Oregon Pike</b>	
Street _____	
_____	
<b>Lancaster, PA 17601</b>	
City _____	State _____ ZIP Code _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Dates of service
26b.1. <b>Trout CPA</b>	
Name _____	
<b>1705 Oregon Pike</b>	
Street _____	
_____	
<b>Lancaster, PA 17601</b>	
City _____	State _____ ZIP Code _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <b>Trout CPA</b>	
Name _____	
<b>1705 Oregon Pike</b>	
Street _____	
_____	
<b>Lancaster, PA 17601</b>	
City _____	State _____ ZIP Code _____

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None



Name and address

26d.1.

Name

Street

City State ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
Name and address of the person who has possession of inventory records		

27.1.

Name

Street

City State ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Robert Manchino	204 N. 7th Street Wrightsville, PA 17368	President,	100.00%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			From To

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.1.

Name

Street

CityStateZIP Code

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporationEmployer Identification number of the parent corporation

EIN: - - - - -

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fundEmployer Identification number of the pension fund

EIN: - - - - -

Part 14: Signature and Declaration

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

06/02/2025

MM/ DD/ YYYY

X

/s/ Robert Manchino

Signature of individual signing on behalf of the debtor

Printed name

Robert Manchino

Position or relationship to debtor

President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

Fill in this information to identify the case:

Debtor name Campus Opticians, Inc.

United States Bankruptcy Court for the:

Eastern District of Pennsylvania

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 202

### Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

#### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- ☐ *Amended Schedule* \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/02/2025  
MM/ DD/ YYYY

X

/s/ Robert Manchino

Signature of individual signing on behalf of debtor

Robert Manchino

Printed name

President

Position or relationship to debtor

B2030 (Form 2030) (12/15)

United States Bankruptcy Court  
Eastern District of Pennsylvania

In re Campus Opticians, Inc.

Case No. \_\_\_\_\_

Debtor

Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... **\$3,047.50**

Prior to the filing of this statement I have received ..... **\$3,047.50**

Balance Due ..... **\$0.00**

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtor at any adversary proceedings, representation of the debtor in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding. Negotiations with secured creditors to reduce to market value; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. Motions to dismiss or convert your bankruptcy proceeding.

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**06/02/2025**

*Date*

**/s/ Barry Solodky**

Barry Solodky

*Signature of Attorney*

Bar Number: 19259

Saxton & Stump, LLC

280 Granite Run Drive, Suite 300

Lancaster, PA 17601

Phone: (717) 556-1000

**Saxton & Stump, LLC**

*Name of law firm*

Comcast Business  
P.O. Box 70219  
Philadelphia, PA 19176-0219

Dr. William Spitler, III  
1330 Hammock Way  
Lancaster, PA 17601

Gusto  
525 20th Street  
San Francisco, CA 94107

HEA Advantage  
P.O. Box 631638  
Cincinnati, OH 45263-1638

Lancaster General Hospital  
549 N. Lime Street  
Lancaster, PA 17602

Robert Manchino  
204 N. 7th Street  
Wrightsville, PA 17368

Truist Bank  
P.O. Box 580340  
Charlotte, NC 28258-0340

William Spitler, MD  
1330 Hammock Way  
Lancaster, PA 17601

IN THE UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF PENNSYLVANIA  
READING DIVISION

IN RE: **Campus Opticians, Inc.**

CASE NO

CHAPTER 7

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date **06/02/2025**

Signature **/s/ Robert Manchino**  
Robert Manchino, President

B2000 (Form 2000) (04/25)

**UNITED STATES BANKRUPTCY COURT**  
**REQUIRED LISTS, SCHEDULES, STATEMENTS, AND FEES**  
**Voluntary Chapter 7 Case**

- ☐ **Filing fee of \$245.** If the fee is to be paid in installments or the debtor requests a waiver of the fee, the debtor must be an individual and must file a signed application for court approval. Official Form 103A or 103B and Fed.R.Bankr.P. 1006(b), (c).
- ☐ **Administrative fee of \$78 and trustee surcharge of \$15.** If the debtor is an individual and the court grants the debtor's request, these fees are payable in installments or may be waived.
- ☐ **Voluntary Petition for Individuals Filing for Bankruptcy** (Official Form 101) or **Voluntary Petition for Non-Individuals Filing for Bankruptcy** (Official Form 201); **Names and addresses of all creditors** of the debtor. Must be filed WITH the petition. Fed.R.Bankr.P. 1007(a)(1).
- ☐ **Notice to Individual Debtor with Primarily Consumer Debts** under 11 U.S.C. § 342(b) (Director's Form 2010), if applicable. Required if the debtor is an individual with primarily consumer debts. The notice must be GIVEN to the debtor before the petition is filed. Certification that the notice has been given must be FILED with the petition or within 15 days. 11 U.S.C. §§ 342(b), 521(a)(1)(B)(iii), 707(a)(3). Official Form 101 contains spaces for the certification.
- ☐ **Bankruptcy Petition Preparer's Notice, Declaration, and Signature** (Official Form 119). Required if a "bankruptcy petition preparer" prepares the petition. Must be submitted WITH the petition. 11 U.S.C. § 110(b)(2).
- ☐ **Statement About Your Social Security Numbers** (Official Form 121). Required if the debtor is an individual. Must be submitted WITH the petition. Fed.R.Bankr.P. 1007(f).
- ☐ **Credit Counseling Requirement** (Official Form 101); **Certificate of Credit Counseling and Debt Repayment Plan**, if applicable; **Section 109(h)(3) certification or § 109(h)(4) request**, if applicable. If applicable, the Certificate of Credit Counseling and Debt Repayment Plan must be filed with the petition or within 14 days. If applicable, the § 109(h)(3) certification or the § 109(h)(4) request must be filed WITH the petition. Fed.R.Bankr.P. 1007(b)(3), (c).
- ☐ **Statement disclosing compensation paid or to be paid to a "bankruptcy petition preparer"** (Director's Form 2800). Required if a "bankruptcy petition preparer" prepares the petition. Must be submitted WITH the petition. 11 U.S.C. § 110(h)(2).
- ☐ **Statement of Your Current Monthly Income** (Official Form 122A). Required if the debtor is an individual. Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- ☐ **Schedules of assets and liabilities** (Official Forms 106 or 206). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b),(c).
- ☐ **Schedule of Executory Contracts and Unexpired Leases** (Schedule G of Official Form 106 or 206). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- ☐ **Schedules of Your Income and Your Expenses** (Schedules I and J of Official Form 106). If the debtor is an individual, Schedules I and J of Official Form 106 must be filed with the petition or within 14 days. 11 U.S.C. § 521(1) and Fed.R.Bankr.P. 1007(b), (c).
- ☐ **Statement of financial affairs** (Official Form 107 or 207). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- ☐ **Copies of all payment advices or other evidence of payment** received by the debtor from any employer within 60 days before the filing of the petition. Required if the debtor is an individual. Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- ☐ **Statement of Intention for Individuals Filing Under Chapter 7** (Official Form 108). Required ONLY if the debtor is an individual and the schedules of assets and liabilities contain debts secured by property of the estate or personal property subject to an unexpired lease. Must be filed within 30 days or by the date set for the Section 341 meeting of creditors, whichever is earlier. 11 U.S.C. §§ 362(h) and 521(a)(2).
- ☐ **Statement disclosing compensation paid or to be paid to the attorney** for the debtor (Director's Form 2030). Required if the debtor is represented by an attorney. Must be filed within 14 days or any other date set by the court. 11 U.S.C. § 329 and Fed.R.Bankr.P. 2016(b).
- ☐ **Certification About a Financial Management Course.** Required if the debtor is an individual, unless the course provider has notified the court that the debtor has completed the course, or the debtor is exempt under § 727(a)(11). Must be filed within 60 days of the first date set for the meeting of creditors. 11 U.S.C. § 727(a)(11) and Fed.R.Bankr.P. 1007(b)(7), (c).



**United States Bankruptcy Court  
Eastern District of Pennsylvania**

In re Campus Opticians, Inc.

Debtor(s)

Case No. \_\_\_\_\_

Chapter \_\_\_\_\_

7

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Campus Opticians, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

---

☒ None [Check if applicable]

06/02/2025

Date

/s/ Barry Solodky

**Barry Solodky**

Signature of Attorney or Litigant

Counsel for Campus Opticians, Inc.

**Bar Number: 19259**

**Saxton & Stump, LLC**

**280 Granite Run Drive, Suite 300**

**Lancaster, PA 17601**

**Phone: (717) 556-1000**

**Email: [BSO@saxtonstump.com](mailto:BSO@saxtonstump.com)**